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Fill in this information to identify your case:			
United States Bankruptcy Court for the: Northern District of: Georgia (State)			
Case number (if known)	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if to amended	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify You	rself	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Calvin	
Write the name that is		First name
your government-iss picture identification (_{(for} Middle name	Middle name
example, your driver	711071211201	
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trus	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names	y ou	
have used in the	last First name	First name
8 years	N 4: 1 11	
Include your married	Middle name or	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 dig	- ^^	
Security number federal Individua	or OR	OR
Taxpayer Identification nur	9 xx - xx-	9 xx - xx-
(ITIN)		

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D	ebtor 1 Calvin First Name	Alexander Middle Name Last Name	Case number (if known)
	- Hot Hame	made Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live	400 Venez levez Cir	If Debtor 2 lives at a different address:
		438 Young James Cir Number Street	Number Street
		Stockbridge Georgia 30281	
		City State Zip Code	City State Zip Code
		Henry County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Debtor 1 Calvin		Alexander		Case number (if kno	own)
First Name	Middle Name	Last Name			
Part 2: Tell the Court Abo	out Your Bankruptcy Case)			
 The chapter of the Bankruptcy Code you are choosing to file under 	Check one. (For a brief des Bankruptcy (Form B2010)). Chapter 7 Chapter 11 Chapter 12 Chapter 13				C. § 342(b) for Individuals Filing for opriate box.
8. How you will pay the fee	more details about he cashier's check, or me may pay with a credit I need to pay the fee Individuals to Pay You I request that my fee judge may, but is not the official poverty lin	w you may pay. Typical oney order. If your attorn card or check with a proint in installments. If you are Filing Fee in Installments be waived (You may required to, waive your fee that applies to your fan, you must fill out the	lly, if young is seen to choose the choose t	ou are paying the submitting your ed address. e this option, sig official Form 103 this option only and may do so only ize and you are u	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney on and attach the <i>Application for</i> 3A). If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
9. Have you filed for bankruptcy within the last 8 years?	V No. Yes. District District District		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District		When When	MM / DD / YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11. Do you rent your residence?	✓ No. Go to lin				st You (Form 101A) and file it with

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business Bankruptcy Code, debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the and are you a small procedure in 11 U.S.C. § 1116(1)(B). business debtor or debtor as defined by 11 U.S. C § 1182(1)? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor. Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy 101(51D). Code and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{\mathbf{v}}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs? Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy page 4

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Debtor 1 Calvin Alexander Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **| 7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50.000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion ²⁰. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X Cali and Signature of Debtor 1 Signature of Debtor 2 Executed on ___ 08/25/2020 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Calvin		Alexander	Case number	(if known)	
First Name	Middle Name	Last Name			
For your attorney, if you are represented by one	eligibility to proceed und	er Chapter 7, 11, 1	2, or 13 of title 11, Unit	have informed the debtor(s) about ed States Code, and have explained also certify that I have delivered to the	
If you are not	debtor(s) the notice requi	red by 11 U.S.C. §	342(b) and, in a case in	which § 707(b)(4)(D) applies, certify	that I
represented by an				dules filed with the petition is incorre	
attorney, you do not	navono ni omodgo arto.	ar inquiry trial trio		dates med with the political to meen	001.
need to file this page.	X ESA		Date 0	8/24/2020	
mood to the ame page.	Signature of Attorney fo	r Dobtor		MM / DD / YYYY	
	Signature of Attorney to	i Debioi			
	Evan Durkovic				
	Printed name				
	Filited frame				
	Semrad Law Firm				
	Firm name				
	235 Peachtree St Ne				
	Number Street				
	Suite 300				
	Atlanta		Georgia	30303	
	City		State	Zip Code	
	Contact phone	6786732179	Email address	edurkovic@semradlaw.com	
	948332		Geor	rgia	
	Bar number		State		

£ 4

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Fill in t	this infor	mation to identify your c	ase:					
Debtor	r 1	Calvin First Name	Middle Na	Alexander me Last Nam				
Debtor (Spouse		First Name	Middle Na	me Last Nam	<u>e</u>			
United	States E	Bankruptcy Court for the:	Northern	District of George				
Case n	number n)			(Stat	e)			
Offi	cial	Form 107				_		Check if this is ar amended filing
		nt of Financia	l Affairs fo	r Individuals	Filing for	Bankru	iptcv	04/19
Be as of inform number	comple nation. I er (if kn	te and accurate as po f more space is neede own). Answer every q	ssible. If two man d, attach a separa uestion.	ried people are filing tate sheet to this form	together, both . On the top of	are equally	responsible for	
Part 1	: Give	Details About Your	Marital Status a	nd Where You Lived	Before			
1. \	What is	your current marital sta	atus?					
		rried married						
2. I	During t	he last 3 years, have yo	u lived anywhere o	other than where you liv	ve now?			
I	✓ No Yes	s. List all of the places yo	ou lived in the last 3	years. Do not include v	where you live no	ow.		
	Deb	otor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same as	Debtor 1		Same as Debtor 1
	Nur	nber Street		From	Number Stree	t		From To
	City	State	Zip Code		City	State	Zip Code	
					Same as	Debtor 1		Same as Debtor 1
	Nur	nber Street		From	Number Stree	t		From To
	City	State	Zip Code		City	State	Zip Code	
	nd territo	e last 8 years, did you e <i>ries</i> include Arizona, Califo Make sure you fill out So	omia, Idaho, Louisiar	na, Nevada, New Mexico,	Puerto Rico, Tex			ommunity property states)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Deb	tor 1	Calvin	Alexand		umber (if known)	
		First Name Middle		ne		
Part	2:	Explain the Sources of Your Inc	come			
4.	Fill i	you have any income from employmen the total amount of income you receiverities. If you are filing a joint case and you not have a second your case. Fill in the details.	red from all jobs and all busi	nesses, including part-time		irs?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		om January 1 of current year until e date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips Operating a business	\$46517.86	Wages, commissions, bonuses, tips Operating a business	
		or last calendar year: anuary 1 to December 31, 2019) YYYY	Wages, commissions, bonuses, tips Operating a business	\$64000.00	Wages, commissions, bonuses, tips Operating a business	
		or the calendar year before that: anuary 1 to December 31, 2018) YYYY	Wages, commissions, bonuses, tips Operating a business	\$64000.00	Wages, commissions, bonuses, tips Operating a business	
	Inclu publ filing List	you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental income a joint case and you have income that each source and the gross income from No Yes. Fill in the details.	come is taxable. Examples come; interest; dividends; moyou received together, list it	of other income are alimony; oney collected from lawsuits; only once under Debtor 1.	royalties; and gambling and lot	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		rom January 1 of current year until ne date you filed for bankruptcy:				
		or last calendar year: lanuary 1 to December 31, 2019) YYYY				
		or the calendar year before that: lanuary 1 to December 31, 2018 YYYY				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv State 7in Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors Other

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Calvin				exander	Case number	(if known)
First N	ame	Middle Name	Las	t Name		
siders ind poration ent, inclu	clude your relatives; a is of which you are a	any general partners an officer, director, p ness you operate as	s; relatives of any person in control,	general partners; par or owner of 20% or	tnerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
No Yes. L	ist all payments to	an insider.				
_			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider	's Name	_				
Numbe	er Street					
City	State	Zip Code				
Insider	's Name					
Numbe	er Street					
City	State	Zip Code				
nsider?	-			y payments or trans	sfer any property o	n account of a debt that benefited an
No No	ments on debts gua	granteed or cosigne	u by an insider.			
Yes. L	ist all payments tha	t benefited an ins	ider.			
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
						Include creditor's name
Insider	's Name					
Numbe	er Street					
City	State	Zip Code				
Insider	's Name					
Numbe	er Street					
City	State	Zip Code				

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Debtor 1 Calvin Alexander Case number (if known) First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1	Calvin First Name	Middle Name	Alexander Last Name	Case number (if known)		
11.		counts or refuse to make			ank or financial institution,	set off any amou	nts from your
		No Yes. Fill in the details.					
				Describe the action the	e creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street					
		-		Last 4 digits of account i	number: XXXX-		
		City State	Zip Code				
12.		thin 1 year before you file pointed receiver, a custo			possession of an assignee fo	r the benefit of c	reditors, a court-
	Y	No Yes					
Part	 5:	List Certain Gifts and	l Contributions				
13.				you give any gifts with a to	otal value of more than \$600	per person?	
	✓	No Yes. Fill in the details fo	or each gift.				
		Gifts with a total value per person	_	Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Ga	ave the Gift				
		Number Street					
		City State	Zip Code				
		Person's relationship to y	/ou				
		Person to Whom You Ga	ave the Gift				
		Number Street					
		City State Person's relationship to y	·				
		i erson s relationship to y	you				

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Debtor 1	Calvin	Alexander	Case number (if known)		
	First Name Middle Name	e Last Name			
14. Wi	thin 2 years before you filed for bankrupto	cy, did you give any gifts or contributi	ons with a total value of	more than \$600	to any charity?
	I No				
✓	4				
	Yes. Fill in the details for each gift or cor	ntribution.			
_	Gifts or contributions to charities	Describe what you contrib	utod	Data you	Value
	that total more than \$600	Describe what you contrib	utea	Date you contributed	value
	that total more than \$000			Continbuted	
	Charity's Name				
	Number Street				
	-	 			
	City State Zip Cod	de			
	1				
Part 6:	List Certain Losses				
∀	mbling? No Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Describe any insurance co Include the amount that insu- pending insurance claims on A/B: Property.	rance has paid. List	Date of your loss	Value of property lost
16. Wii	List Certain Payments or Transfers thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a ba	y, did you or anyone else acting on yo			anyone you consulted
16. Wii	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a ba	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar		anyone you consulted Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a ba clude any attorneys, bankruptcy petition prepa	y, did you or anyone else acting on yo	ervices required in your bar	kruptcy.	
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparage No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a ba clude any attorneys, bankruptcy petition prepa	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparation of the properties. No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparage No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparation of the properties. No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparation of the properties. No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the property of th	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a baclude any attorneys, bankruptcy petition preparation of the properties. No Yes. Fill in the details.	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the property of th	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backlude any attorneys, bankruptcy petition preparation of the p	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backlude any attorneys, bankruptcy petition preparation of the p	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on yo ankruptcy petition? arers, or credit counseling agencies for se Description and value of ar transferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on you ankruptcy petition? arers, or credit counseling agencies for se Description and value of artransferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on you ankruptcy petition? arers, or credit counseling agencies for se Description and value of artransferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backude any attorneys, bankruptcy petition preparation of the pr	y, did you or anyone else acting on you ankruptcy petition? arers, or credit counseling agencies for se Description and value of artransferred	ervices required in your bar	Date payment or transfer	Amount of
16. With	thin 1 year before you filed for bankruptcy out seeking bankruptcy or preparing a backlude any attorneys, bankruptcy petition preparation of the p	y, did you or anyone else acting on you ankruptcy petition? arers, or credit counseling agencies for se Description and value of artransferred de de	ervices required in your bar	Date payment or transfer	Amount of

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Debto	r 1	Calvin		Alexander	Case n	umber (if known)			
		First Name	Middle Name	Last Name					
ł [nelp	hin 1 year before you filed for ba p you deal with your creditors on not include any payment or transfe No Yes. Fill in the details.	r to make payment	s to your creditors?	your behalf p	ay or transfer a	any property to a	nyone	who promised to
L		res. Fill III the details.							
				Description and value of transferred	any property	<i>'</i>	Date payment or transfer was made	Amou	unt of payment
		Person Who Was Paid							
		Number Street							
			7: 0 1						
		City State	Zip Code						
I	ncl	ordinary course of your busines ude both outright transfers and tratransfers that you have already list No Yes. Fill in the details.	nsfers made as secu	rity (such as the granting of	f a security int	erest or mortgaç	je on your propert	y). Do r	not include gifts
				Description and value of	property	Describe any	property or		Date
				transferred	property		eived or debts p	aid	transfer was
		Person Who Received Transfer							
		Number Street							
		City State Person's relationship to you	Zip Code						
		Person Who Received Transfer							
		Number Street							
			_						
		City State Person's relationship to you	Zip Code						
k	en	hin 10 years before you filed for eficiary? ese are often called asset-protection		ou transfer any property to	a self-settle	ed trust or simi	lar device of whic	ch you	are a
إ	✓	No Voe Fill in the details							
L		Yes. Fill in the details.							
				Description and value of	of the propert	y transferred			Date transfer was made
		Name of trust							

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? ■ No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Debt		Calvin		lexander	Case	e number (if known)	
	_	First Name Middle Name		ast Name			
Part	9:	Identify Property You Hold or Control	for Someon	e Else			
23.	-	you hold or control any property that someoneone.	one else owns	? Include any	property you bo	errowed from, are storing for, or hold in	trust for
		No					
	범	Yes. Fill in the details.					
	Ш	res. I ill ill the details.	Whare is t	ha muamantu.0		Describe the contents	Value
			where is t	he property?		Describe the contents	Value
		Owner's Name	NumberStr	eet			
		Number Street					
			City	State	Zip Code		
			City	State	Zip Code		
		City State Zip Code					
Part	10:	Give Details About Environmental Inf	ormation				
· uit		GIVO BORGIO / ROCK ETTIN OTITIONICI III	or mation				
For	the p	urpose of Part 10, the following definitions app	ıly:				
	ha	nvironmental law means any federal, state, or lo azardous or toxic substances, wastes, or materi cluding statutes or regulations controlling the c	ial into the air,	land, soil, surf	ace water, ground	water, or other medium,	
		ite means any location, facility, or property as de		ny environmen	tal law, whether y	ou now own, operate, or utilize it	
			•			days as body as	
		<i>lazardous material</i> means anything an environm exic substance, hazardous material, pollutant, co			ous waste, hazard	dous substance,	
D							
nep	ort all	I notices, releases, and proceedings that you kn	iow about, reg	ardiess of whe	en triey occurred.		
24.	Hae	any governmental unit notified you that you	u may ba liab	le or notentis	lly liable under d	or in violation of an environmental law	•
		any governmental and notinear you that you	u may bo mab	io di potontio	my nable under c		•
	✓	No					
		Yes. Fill in the details.					
			Governme	ntal unit		Environmental law, if you know it	Date of
							notice
		Name of site	Governmer	ntal unit			
		N. ark at Olivert	N lo Ot .				
		Number Street	NumberStr	eet			
			City	State	Zip Code		
			,		•		
		City State Zip Code					
25.	Hav	e you notified any governmental unit of any	release of ha	zardous mate	erial?		
	_						
	$ \underline{V} $	No					
	Ш	Yes. Fill in the details.					
			Governme	ntal unit		Environmental law, if you know it	Date of notice
							notice
		Name of site	Governmer	ntal unit			
		Number Ctreet	Number of City	aat			
		Number Street	NumberStr	eet			
			City	State	Zip Code		
			.,				
		City State Zip Code					

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Deb		Calvin			Alexander	Case	number (if k	nown)		
		First Name	Mic	ddle Name	Last Name					
26.	Hav	e you been a party	y in any judicial	or administrativ	e proceeding under	any environment	tal law? Inc	lude settlements	s and orders	S.
	V	No								
		Yes. Fill in the det	tails.							
				Cou	rt or agency		Nature of	the case		Status of the case
		Case title								Pending
				Cou	rt Name					On appeal
		Case number		Nun	nberStreet					Concluded
				City	State	Zip Code				
Part	11:	Give Details Ab	oout Your Bus	siness or Conn	ections to Any Bu	siness				
27.	With	nin 4 vears before	vou filed for ba	nkruptcv. did vou	ı own a business or	have any of the fo	ollowina co	nnections to any	business?	
		-				-	_			
			-	-	profession, or other	-	Ill-time or pa	art-time		
		_		y company (LLC)	or limited liability pa	rtnership (LLP)				
		A partner in a								
		_		ging executive of	•					
		An owner of a	at least 5% of th	ne voting or equit	y securities of a corp	ooration				
	V	No. None of the a	above applies. (Go to Part 12.						
	Ħ				ails below for each b	ousiness.				
	ш				Describe the natu		ss	Employer Identi	fication nu	mber Do not
					Doddings the nate	no or the busines		include Social S		
		D No						EIN:		
		Business Name								
		Number Street			Na			Dates business	existed	
		City	State	Zip Code	Name of accounta	ant or bookkeepe	er	Erom	To	
		City	Olato	2.0 0000				From	_To	
					Describe the natu	ıre of the busines	SS	Employer Identi	fication nu	mber Do not
								include Social S	Security nur	mber or ITIN.
		Business Name						EIN:		
		Number Street			N			Dates business	existed	
		City	State	Zip Code	Name of accounta	ant or bookkeepe	er	F	T .	
		City	State	Zip Code				From	_ 10	
					Describe the natu	ire of the busines	ss	Employer Identi include Social S		
								EIN:		
		Business Name		-						
		Number Street			Name of accounta	ant or bookkooss		Dates business	existed	
		City	State	Zip Code	Manne of accounts	ангог вооккеере	71	From	То	
									<u> </u>	

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Debtor 1 Calvin			Alexander	Case number (if known)
First N	ame	Middle Name	Last Name	
creditors No	rears before you filed or other parties. Fill in the details below		give a financial stateme	ent to anyone about your business? Include all financial institutions,
		•	Data issued	
			Date issued	
Nam	e		MM/DD/YYYY	
Num	ber Street	_		
-				
City	State	Zip Code		
Part 12: Sign	Below			
				rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature of Deb	tor 1		Signature of Debtor 2
	Date 08/25/202	20		Date
Did you att	ach additional pages	to Your Statement of F	inancial Affairs for Indivi	duals Filing for Bankruptcy (Official Form 107)?
.∡ No				
₩				
Yes				
Did you pay	or agree to pay some	eone who is not an atto	rney to help you fill out	bankruptcy forms?
√ No				
Yes. Na	ame of person			Attach the Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).

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Fill in this	information to i	dentify your o	case:					
Debtor 1	Calvin				Alexander			
	First Nam	ne	Middle I	Name	Last Name	_		
Debtor 2 (Spouse, if fil	ing) First Nam	ne	Middle 1	Name	Last Name			
United Sta	ates Bankruptcy	Court for the:	Northern		District of Georgia (State)			
Case num	ber				(State)			
Officia	ıl Form 10	06A/B						Check if this is an amended filing
Sched	dule A/B	: Prope	erty					12/1
category v responsibl write your	where you thin e for supplying name and cas	k it fits best. correct info e number (if	Be as complete a rmation. If more s known). Answer e	ind ac space every o	asset only once. If an asse curate as possible. If two is needed, attach a separa uestion. · Other Real Estate Yo	married people a ate sheet to this	re filing together, both a form. On the top of any a	are equally
1. Do you	own or have a No. Go to Part		quitable interest	in any	residence, building, land,	, or similar prope	erty?	
	Yes. Where is t	he property?						
1.1			other description	✓:	t is the property? Check a Single-family home Duplex or multi-unit building		the amount of any secu	claims or exemptions. Put irred claims on Schedule D: aims Secured by Property.
	A38 Young Jar Number S	nes Cir Street			Condominium or cooperativ Manufactured or mobile hon	е	Current value of the entire property? \$302326.00	Current value of the portion you own? \$151163.00
	Stockbridge City Henry County	Georgia State	30281 Zip Code		and nvestment property Fimeshare		Describe the nature of interest (such as fee state the entireties, or a life	simple, tenancy by
	County			ш	Other	pperty? Check	Check if this is co	ommunity property
				one.	Debtor 1 only			
					Debtor 2 only			
					Debtor 1 and Debtor 2 only			
				✓	At least one of the debtors a	nd another		
				prop	er information you wish to erty identification ber:	add about this i	tem, such as local	
If you	own or have me	ore than one,	list here:					
1.2	Street address	if available or	other description		t is the property? Check a Single-family home	ll that apply.	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
					Duplex or multi-unit building Condominium or cooperativ		Current value of the entire property?	Current value of the portion you own?
				ш	Manufactured or mobile hon	ne		
	Number S	Street		Ħ	_and nvestment property		Describe the nature of interest (such as fee s	simple, tenancy by
	City	State	Zip Code		Fimeshare Other		the entireties, or a life	e estate), if known.
				one.	has an interest in the pro	pperty? Check	Check if this is co (see instructions)	ommunity property
					Debtor 1 only		_ 	
					Debtor 2 only			
					Debtor 1 and Debtor 2 only At least one of the debtors a	nd another		
				ш			tom such as local	
					er information you wish to erty identification numbe		tem, such as local	

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What is the property? Check all that apply. Steet address, if available, or other description	Debtor 1	Calvin First Name	Middle Name	Alexander Last Name	Case numbe	r (if known)	
City State Zip Code Threshare Other Timeshare Other Other Other Timeshare Other	Stre			Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	apply.	the amount of any secu Creditors Who Have Cla Current value of the entire property?	cred claims on Schedule D: ims Secured by Property. Current value of the portion you own?
Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only At least one of the debtors and another Other information: Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only D	City	State		Timeshare Other /ho has an interest in the propert	 y? Check one.	the entireties, or a life Check if this is co	simple, tenancy by e estate), if known.
Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make Model: Year: Approximate mileage: Other information: Check if this is community property? Check one. Approximate mileage: Other information: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Solono.0 Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Solono.0 Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims on Schedule D: Creditors Who Have Claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of			р	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Other information you wish to add roperty identification number:	about this item,		
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make Model: Ram Approximate mileage: Other information: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the entire property? Some Chevrolet Model: Year: Approximate mileage: Other information: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured by Property. Current value of the entire property? Source Claims or exemptions. Put the amount of any secured claims or exemptions. P		ve attached for Part 1. Wr	rite that number he	ere.	uding any entrie	s for pages \$15	1163.00
3.1 Make Model: Year: Approximate mileage: Other information: 3.2 Make Model: Year: Approximate mileage: Model: Year: Approximate mileage: Other information: 3.2 Make Model: Year: Approximate mileage: Other information: 3.3 Make Chevrolet Model: Year: Approximate mileage: Other information: 3.4 Make Chevrolet Year: Approximate mileage: Other information: 3.5 Make Chevrolet Year: Approximate mileage: Other information: At least one of the debtors and another Do not deduct secured claims or exemptions. Put the amount of any secured by Property. Current value of the entire property? \$20700.00 Summary Property: Do not deduct secured claims or exemptions. Put the amount of any secured by Property. Current value of the entire property? \$1000.00	Do you ow you own tl 3. Cars, va	vn, lease, or have legal or hat someone else drives. If y ins, trucks, tractors, sport ut	equitable interest you lease a vehicle, a	also report it on Schedule G: Executo	-	-	
Approximate mileage: Other information: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Make Model: Year: Approximate mileage: Other information: Debtor 1 and Debtor 2 only Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Substitution and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Make Model: Year:	Ram 2015	one.	perty? Check	the amount of any sec	ured claims on Schedule D:
3.2 Make Chevrolet Model: Truck one. Year: 1972 Debtor 1 only Approximate mileage: Other information: Debtor 2 only At least one of the debtors and another Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$\frac{1}{2}\$\$ Current value of the entire property? \$\frac{1}{2}\$\$ 1000.00 \$\frac{1}{2}\$\$ 1000.00			60000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at		entire property?	portion you own?
Other information: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? \$1000.00 \$1000.00	3.2	Model: Year:	Truck	Who has an interest in the pro	perty? Check	the amount of any sec	ured claims on Schedule D:
One GK in this is community property (see				Debtor 1 and Debtor 2 only		entire property?	portion you own?

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tor 1	Calvin	Alexander Case nu	mber (if known)
	First Name N	Middle Name Last Name	
3.3	Make Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property Current value of the entire property? ———————————————————————————————————
3.4	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one. Debtor 1 only	the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property
	Other information:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? Current value of the portion you own?
		At least one of the debtors and another Check if this is community property (see	
Exar	nples: Boats, trailers, motors, perso	instructions) ATVs and other recreational vehicles, other vehicles, and a onal watercraft, fishing vessels, snowmobiles, motorcycle access	occessories
Exar	nples: Boats, trailers, motors, personones No Yes Make	instructions) ATVs and other recreational vehicles, other vehicles, and a conal watercraft, fishing vessels, snowmobiles, motorcycle access Who has an interest in the property? Check	accessories sories Do not deduct secured claims or exemptions. I
Exar	nples: Boats, trailers, motors, perso No Yes	instructions) ATVs and other recreational vehicles, other vehicles, and a conal watercraft, fishing vessels, snowmobiles, motorcycle access	accessories Isories
Exar	nples: Boats, trailers, motors, person No Yes Make Model: Year:	instructions) ATVs and other recreational vehicles, other vehicles, and a conal watercraft, fishing vessels, snowmobiles, motorcycle access Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claims or exemptions. If the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property Current value of the entire property? Current value of the portion you own?
Exar	Make Model: Approximate mileage: Other information: Make Model: Year:	who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property. Current value of the entire property? Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule Creditors Current value of the portion you own?
Exar 4.1	Make Model: Other information: Make Model: Make Model: Make Model: Make Model: Make	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (seinstructions) Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propert Current value of the entire property? Current value of the portion you own?

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Furniture and Appliances \$1200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Electronics \$800.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Wearing Apparel \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Jewelry and Watches \$225.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2525.00 for Part 3. Write that number here

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition \$40.00 Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: \$300.00 Chase 17.2. Checking account: \$150.00 Bank of America 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

Official Form 106A/B Schedule A/B: Property page 5

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Debt	tor 1 Calvin		Alexander	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments	orate bonds and other negotia include personal checks, cashiers ents are those you cannot transfe	checks, promissory notes	s, and money orders.	
	Ves. Give specific information about them	Issuer name:			
					· -
0.1	Dating manufactures and a second				
21.	Retirement or pension Examples: Interests in IF), thrift savings accounts, o	or other pension or profit-sharing plans	
	No ✓ Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:	401K Account		\$65000.00
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.	Examples: Agreements v	prepayments I deposits you have made so tha with landlords, prepaid rent, publ			
	✓ No Yes	Clastica.	mondation name.		
		Electric:			
		Gas: Heating oil:			-
		Security deposit on rental unit:			-
		Prepaid rent:			-
		Telephone:			-
		Water:			-
		Rented furniture:			
		Other:			
23.	Annuities (A contract fo	or a periodic payment of money to	you, either for life or for a	number of years)	-
	✓ No ☐ Yes	Issuer name and description:			
					-

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Debt	or 1 Calvin	Alexander	Case number (if known)	
0.4	First Name Middle Name	Last Name		
24.	Interests in an education IRA, in an account in 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	n a qualified ABLE program, or unde	r a qualified state tuition program.	
	No Institution name and description. S	eparately file the records of any interest	s.11 U.S.C. § 521(c):	
25.	Trusts, equitable or future interests in propert	v (other than anything listed in line	1), and rights or powers	
	exercisable for your benefit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	✓ No Yes. Describe			
26.	Patents, copyrights, trademarks, trade secret Examples: Internet domain names, websites, proc		ments	
	✓ No Yes. Describe			
27.	Licenses, franchises, and other general intang <i>Examples:</i> Building permits, exclusive licenses, co		censes, professional licenses	
	✓ No			
	Yes. Describe			
Mon	ney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	ney or property owed to you? Tax refunds owed to you			portion you own? Do not deduct secured
				portion you own? Do not deduct secured
	Tax refunds owed to you ✓ No ☐ Yes. Give specific information		Federal:	portion you own? Do not deduct secured
	Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years			portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	support, child support, maintenance, o	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	support, child support, maintenance, o	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	support, child support, maintenance, o	State: Local: divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	support, child support, maintenance, o	State: Local: divorce settlement, property settlemen Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	support, child support, maintenance, o	State: Local: divorce settlement, property settlemen Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal No Yes. Give specific information	support, child support, maintenance, o	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal	nents, disability benefits, sick pay, vacat	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal ✓ No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insurance paym Social Security benefits; unpaid loans you	nents, disability benefits, sick pay, vacat	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insurance paym	nents, disability benefits, sick pay, vacat	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Calvin		Alexander	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance policie Examples: Health, disability, or		rings account (HSA); credit, ho	meowner's, or renter's insurance	
	Yes. Name the insurance of each policy and list its v	ompany	pany name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that If you are the beneficiary of a liv property because someone has	ring trust, expect procee		or are currently entitled to receive	
	Yes. Describe				
33.	Claims against third parties, Examples: Accidents, employm No Yes. Describe			demand for payment	
34.	Other contingent and unlique to set off claims	_ idated claims of every	nature, including countercl	aims of the debtor and rights	
	No Yes. Describe				
35.	Any financial assets you did	– not already list			
	Yes. Describe				
36.	Add the dollar value of all of for Part 4. Write that number	-		. •	\$65490.00
Part	5: Describe Any Busines	s-Related Property	You Own or Have an In	terest In. List any real estate in Part	1.
37.	Do you own or have any lega	l or equitable interest	in any business-related pro	perty?	
	No. Go to Part 6.		a., 220	Ci	urrent value of the ortion you own?
	Yes. Go to line 38.			Do	o not deduct secured claims exemptions
38.	Accounts receivable or com	missions you already e	arned		
	Yes. Describe	_			
39.	Office equipment, furnishing Examples: Business-related con		ems, printers, copiers, fax mac	hines, rugs, telephones, desks, chairs, electr	onic devices
	✓ No Yes. Describe				
	-	_			

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Deb	tor 1 Calvin	Alexander Case number (if known)	
ı	First Name	Middle Name Last Name	
40.	Machinery, fixtures, e	equipment, supplies you use in business, and tools of your trade	
	✓ No		
	Yes. Describe		
	-		
41.	Inventory		
	✓ No		
	Yes. Describe		
	Ш		
42.	Interests in partnersh	nips or joint ventures	
	✓ No		
	Yes. Give specific	Name of entity: % of owners	hip:
	information about		
	them		
			<u> </u>
43.	Customer lists, mailing	g lists, or other compilations	
	—	•	
	No No		
	Yes. Do your lists i	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No		
	Yes. Desc	oribe	
44.	Any business-related	property you did not already list	
	√ No		
	ightharpoonup		<u> </u>
	Yes. Give specific information		
			
		9	
		all of your entries from Part 5, including any entries for pages you have attached	
for Pa	art 5. Write that number	er here	
	Describe Δην F	arm- and Commercial Fishing-Related Property You Own or Have an Interc	est In
Part	If you own or have ar	n interest in farmland, list it in Part 1.	, oc
46		any legal or equitable interest in any farm- or commercial fishing-related property?	
46.	Do you own or have a	any legal or equitable interest in any larin- or commercial lishing-related property?	Current value of the
	✓ No. Go to Part 7.		portion you own?
	Yes. Go to line 47.		Do not deduct secured claims
			or exemptions
47.	Farm animals	author forms valued field	
	Examples: Livestock, p	oouitry, tarm-raised tisn	
	✓ No		
	Yes. Describe		

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Deb.	····	exander	Case number (if known)	
		st Name		
48.	Crops-either growing or harvested			
	✓ No			
	Yes. Describe			
			·	
49.	Farm and fishing equipment, implements, machinery, fixture	s, and tools of tra	de	
	✓ No			
	Yes. Describe			
	Tes. Describe			
50.	Farm and fishing supplies, chemicals, and feed			
	No No			
	Yes. Describe			
	Tes. Describe			
51.	Any farm- and commercial fishing-related property you did n	ot already list		
	No No			
	Yes. Describe			
	Tes. Describe			
	dd the dollar value of all of your entries from Part 6, including art 6. Write that number here		= -	
•	art o. write that humber here			
Part	7: Describe All Property You Own or Have an Interes	et in That You D	hid Not List Above	
			NO NOT LIST ADOVE	
53.	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership	St?		
	Yes. Give specific information			
54. A	dd the dollar value of all of your entries from Part 7. Write tha	t number here		<u> </u>
Part	8: List the Totals of Each Part of this Form			
55 1	Part 1: Total real estate, line 2			\$151163.00
55. 1	Part 1: Total real estate, line 2			
56	part 2 total vehicles, line 5			
	•	\$21700.00		
57. P	art 3: Total personal and household items, line 15	\$2525.00		
58. P	Part 4: Total financial assets, line 36	ФСБ 400 00		
		\$65490.00		
59. I	Part 5: Total business-related property, line 45			
60. I	Part 6: Total farm- and fishing-related property, line 52			
61	Part 7: Total other property not listed, line 54			
62.	Total personal property. Add lines 56 through 61.	\$89715.00		+ \$89715.00
			Copy personal property total	
				\$240070.00
63 T	otal of all property on Schedule A/B. Add line 55 + line 62			\$240878.00
US. I	otal of all property on schedule A/B. Add life 55 + life 62			

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Calvin		Alexander
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
sankruptcy Court for the:	Northern	District of Georgia
		(State)
	First Name	First Name Middle Name First Name Middle Name

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Identify the Property You Clair	ii as Exempt								
Which set of exemptions are you claim	•	, ,							
You are claiming state and federal	✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
You are claiming federal exemption	ns. 11 U.S.C. § 522(b)(2)							
For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption						
Brief	Schedule A/B		O.C.G.A. § 44-13-100(a)(4)						
description: Furniture and Appliances	\$1,200.00	\$1,200.00 100% of fair market value, up to any							
Line from Schedule A/B: 06		applicable statutory limit							
Brief	\$300.00		O.C.G.A. § 44-13-100(a)(4)						
description: Wearing Apparel	φ300.00	\$300.00							
Line from Schedule A/B: 11		100% of fair market value, up to any applicable statutory limit							
✓ No	ery 3 years after that for	350? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case?							

Official Form 106C

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Debtor 1 First Name Middle Name Alexander Case number (if known)

Last Name Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
	Copy the value from Schedule A/B		
Brief description:	\$800.00	\$200.00	O.C.G.A. § 44-13-100(a)(4)
Electronics Line from Schedule A/B: 07		\$800.00 100% of fair market value, up to any applicable statutory limit	_
Brief description:	\$225.00	₹	O.C.G.A. § 44-13-100(a)(5)
Jewelry and Watches Line from Schedule A/B: 12		\$225.00 100% of fair market value, up to any applicable statutory limit	_
Brief description:	\$40.00	\$40.00	O.C.G.A. § 44-13-100(a)(6)
Cash on Hand Line from Schedule A/B: 16		\$40.00 100% of fair market value, up to any applicable statutory limit	_
Brief description:	\$300.00	\$300.00	O.C.G.A. § 44-13-100(a)(6)
Checking account, Chase Line from		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B: 17 Brief	#150.00	_	O.C.G.A. § 44-13-100(a)(6)
description: Checking account, Bank of America	\$150.00	\$150.00 100% of fair market value, up to any	_
Line from Schedule A/B: 17		applicable statutory limit	
Brief description: Dodge Ram, 2015	\$20,700.00	\$3,563.00	O.C.G.A. § 44-13-100(a)(3)
Line from Schedule A/B: 03		100% of fair market value, up to any applicable statutory limit	
Brief description: 438 Young James Cir, Stockbridge, GA 30281	\$151,163.00	\$0 100% of fair market value, up to any	O.C.G.A. § 44-13-100(a)(1)
Line from Schedule A/B: 01		applicable statutory limit	
Brief description: 401(k) or similar plan, 401K Account	\$65,000.00	\$65,000.00 100% of fair market value, up to any	O.C.G.A. § 44-13-100(a)(2.1)
Line from Schedule A/B: 21		applicable statutory limit	
Brief description: Chevrolet Truck, 1972	\$1,000.00	\$1,000.00	O.C.G.A. § 44-13-100(a)(3)
Line from Schedule A/B: 03		100% of fair market value, up to any applicable statutory limit	

EN :	41-i- i		1		
Fill in	this information to identify your o	ase:			
Debto		Alexander			
Daha	First Name	Middle Name Last Name			
Debto (Spous	or 2 se, if filing) First Name	Middle Name Last Name			
United	d States Bankruptcy Court for the:				
	number	(State)			
(If knov	·			П	Check if this is an
	icial Form 106D			Шa	mended filing
Sc	hedule D: Credit	tors Who Have Claims Secure	ed by Prop	erty	12/15
		ble. If two married people are filing together, both are equa ional Page, fill it out, number the entries, and attach it to t			
	and case number (if known).	ional rage, in it out, number the entries, and attach it to t	ilis iorili. On the top	oi any additional pag	es, write your
1. I	Do any creditors have claims	secured by your property?			
- 1	No. Check this box and sub	mit this form to the court with your other schedules. You hav	e nothing else to rep	ort on this form.	
i	Yes. Fill in all of the information	on below.			
Part					
2.	List all secured claims. If a cred separately for each claim. If more	ditor has more than one secured claim, list the creditor than one creditor has a particular claim, list the other creditors at the claims in alphabetical order according to the creditor's	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Rushmore Lms		\$363,427.00	\$302,326.00	\$61,101.00
<u> </u>	Creditor's Name	Describe the property that secures the claim:	Ψ000,427.00	Ψ002,020.00	φοτ,τοτ.σ
	Pob 52708 Number Street	438 Young James Cir, Stockbridge, GA 30281 As of the date you file, the claim is: Check all that apply.			
		_ Contingent			
	Irvine CA 92619	Unliquidated			
	City State ZIP Code	I I Disputed			
	Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.			
	Debtor 2 only	An agreement you made (such as mortgage or secured			
	Debtor 1 and Debtor 2 only At least one of the debtors and another	car loan)			
		Statutory lien (such as tax lien, mechanic's lien)			
		Judgment lien from a lawsuit			
	Check if this claim relates to a community debt	Other (including a right to offset)			
	Date debt was 2/2007 incurred	Last 4 digits of account number5970			
2.2	Global Lending Service Creditor's Name	Describe the property that secures the claim:	\$17,137.00	\$20,700.00	\$0.00
	1200 Brookfield Blvd Ste Number Street	2015 Dodge Ram As of the date you file, the claim is: Check all that apply.			
		Contingent			
	Creamille SC 00607	Unliquidated			
	Greenville SC 29607 City State ZIP Code	- L			
	Who owes the debt? Check one.				
	Debtor 1 only	Nature of lien. Check all that apply.			
	Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
	Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	Judgment lien from a lawsuit			
	Check if this claim relates	Other (including a right to offset)			
	to a community debt Date debt was 3/2017 incurred	Last 4 digits of account number 7485			
		your entries in Column A on this page. Write that number	\$380,564.00		
	here:	,			

Official Form 106D

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or 1 Calvin		Alexander	Case n	umber (if known)		
First Name M	iddle Name	Last Name				
Additional Page After listing any entries on the second s	this page, number them beginning with 2.3, followed by		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D- 104 Number Street Las Vegas NV 89146 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	All Real and P As of the dat Continge Unliquida Disputed Nature of liet An agreer car loan) Statutory Judgmen	e you file, the claim is: C nt ted n. Check all that apply. ment you made (such as m lien (such as tax lien, mech t lien from a lawsuit luding a right to offset)	heck all that apply. ortgage or secured		\$392,041.00	\$0.00
	ır entries in Co	olumn A on this page. Wri	te that number	\$17,420.69		
If this is the last page of your write that number here:	our form, add t	he dollar value totals fro	m all pages.	\$397,984.69		
	Additional Page After listing any entries on t 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D- 104 Number Street Las Vegas NV 89146 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of you here: If this is the last page of you	After listing any entries on this page, number 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D-104 Number Street	Additional Page After listing any entries on this page, number them beginning with 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D- 104 Number Street Las Vegas NV 89146 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Wrihere: If this is the last page of your form, add the dollar value totals from.	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D- 104 Number Street Las Vegas NV 89146 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D- 104 Number Street Las Vegas NV 89146 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Column A Amount of claim Do not deduct the value of calim Entry Amount of claim Do not deduct the value of calim Entry Amount of claim Do not deduct the value of calim Entry Amount of claim Do not deduct the value of calim Entry Amount of claim Do not deduct the value of calim Entry Street All Real and Personal Property As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Valudgment lien from a lawsuit Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Troy Capital LLC Creditor's Name 2660 S. Rainbow Blvd. Suite D-104 Number Street Disputed Disputed Number Street Disputed Disputed No wes the debt? Check one. All read and Personal Property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number It is is the last page of your form, add the dollar value totals from all pages. Column A Column B Amount of claim Value of collateral that adjust Value of collateral that supports that sup

Debt	or 1 Calvin		Alexa	nder Case number (if known)
	First Name	Middle N	ame Last Na	ame
Part	2: List Others to	Be Notified for a De	ebt That You Already	/ Listed
			_	ruptcy for a debt that you already listed in Part 1. For example, if a collection
Sim	nilarly, if you have mo	ore than one creditor	for any of the debts tha	else, list the creditor in Part 1, and then list the collection agency here. It you listed in Part 1, list the additional creditors here. If you do not have ut or submit this page.
1	Labay Karan			On which line in Part 1 did you enter the creditor?
-	Lahey, Karen Name			
	1825 Barrett Lakes Blv	vd		Last 4 digits of account number
ı	Number Street			
-				
	Kennesaw	Georgia	30144	
Ō	City	State	Zip Code	
2	Otata Carret Of Hamer	Daak.		On which line in Part 1 did you enter the creditor?
-	State Court Of Henry (Name	County		
	4 John Frank Ward Blvd			Last 4 digits of account number
Ī	Number Street			
ı	Mcdonough	Georgia	30253	
(City	State	Zip Code	

Official Form 106D

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Fill in t	his inforr	nation to identify your c	case:					
Debtor	r 1	Calvin		Alexander				
		First Name	Middle Name	Last Name				
Debtor (Spouse		First Name	Middle Name	Last Name				
United	States B	ankruptcy Court for the:	Northern	District of Georgia (State)				
Case n	number n)							
Offic	cial Fo	orm 106E/F				Che	ck if this is an	amended filing
Sch	nedu	le E/F: Cre	editors Who	Have Unsecured C	laims			12/1
other p Form 1 claims the ent known)	arty to a 06A/B) a that are ries in th	any executory contract and on Schedule G: Exe listed in Schedule D: (he boxes on the left. At	s or unexpired leases tl ecutory Contracts and U Creditors Who Hold Clai	litors with PRIORITY claims and Part 2 for lat could result in a claim. Also list execut lnexpired Leases (Official Form 106G). Do ms Secured by Property. If more space is Page to this page. On the top of any addition	ory contract not include a needed, copy	s on <i>Schedu</i> iny creditors the Part yo	le A/B: Prop s with partia u need, fill i	e <i>rty</i> (Official Illy secured t out, number
1. D	o any cr	editors have priority ur	nsecured claims agains	t you?				
	No. G	Go to Part 2.						
lis A	sted, iden s much a	ntify what type of claim it as possible, list the claims	is. If a claim has both pri s in alphabetical order acc	s more than one priority unsecured claim, list to brity and nonpriority amounts, list that claim hording to the creditor's name. If you have mo	ere and show re than two pr	both priority	and nonprio	rity amounts.
		•		a particular claim, list the other creditors in Pass for this form in the instruction booklet.)	п 3.			
						Total	Priority	Nonpriority
2.1	Georgia	Department Of Revenue				claim \$0.00	\$0.00	\$0.00
	Priority C	reditor's Name		Last 4 digits of account number		Ψ0.00	Ψ0.00	Φ0.00
	1800 Ce Number	ntury Boulevard Street		When was the debt incurred?n/a	<u>l</u>			
	c/o T Tru			As of the date you file, the claim is: Checapply.	ck all that			
				Contingent				
	Atlanta City	Georgia State	30345 Zip Code	Unliquidated				
	Who inc	urred the debt? Check tor 1 only	•	Disputed				
	Debi	tor 2 only		Type of PRIORITY unsecured claim:				
	Debi	tor 1 and Debtor 2 only		Domestic support obligations				
	At le	ast one of the debtors ar	nd another	Taxes and certain other debts you owe government				
	Che	ck if this claim relates	to a community debt	Claims for death or personal injury while intoxicated	e you were			
		aim subject to offset?		Other. Specify				
	✓ No			_				
	Yes							
2.2		Revenue Service Freditor's Name		Last 4 digits of account number		\$0.00	\$0.00	\$0.00
	PO Box	7346		When was the debt incurred?n/a	<u> </u>			
	Number	Street		As of the date you file, the claim is: Chec	ck all that			
				apply. Contingent				
	Philadelp City	hia Pennsylva State	ania 19101 Zip Code	Unliquidated				
	,	urred the debt? Check	•	Disputed				
	✓ Debi	tor 1 only		Type of PRIORITY unsecured claim:				
	Deb	tor 2 only		Domestic support obligations				
	Deb	tor 1 and Debtor 2 only		✓ Taxes and certain other debts you owe	the			
	At le	ast one of the debtors ar	nd another	government				
	_	ck if this claim relates	to a community debt	Claims for death or personal injury while intoxicated	e you were			
	Is the cl	aim subject to offset?		Other. Specify				
	Yes							

Official Form 106E/F

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Deb	otor 1 Calvin		Alexander Ca	se number (if known)					
		e Name	ast Name						
	Part 2: List All of Your NONPRIORITY Unsecured Claims								
3.	Do any creditors have nonpriority unsec No. You have nothing to report in the Yes.	_		er schedules.					
	List all of your nonpriority unsecured claunsecured claim, list the creditor separately If more than one creditor holds a particular Page of Part 2.	for each claim. For each	h claim listed, identify what typ	e of claim it is. Do not list claims already in	ncluded in Part 1. ut the Continuation				
4.4] ERC				Total claim				
4.1	Nonpriority Creditor's Name P.O. Box 23870		Last 4 digits of acco		\$176.00				
	Number Street		As of the date you fi	le, the claim is: Check all that apply.					
	Jacksonville Florida	32241	Contingent						
	City State	Zip Code	Unliquidated						
	Who incurred the debt? Check one. Debtor 1 only		Disputed						
	Debtor 1 only Debtor 2 only		<u> </u>	TY unsecured claim:					
	Debtor 1 and Debtor 2 only		Student loans						
	At least one of the debtors and anoth	ner	divorce that you	g out of a separation agreement or did not report as priority claims					
	Check if this claim relates to a co	mmunity debt	debts	or profit-sharing plans, and other similar					
	Is the claim subject to offset?		Other. Specify C	001 Collection; Collecting for DRIGINAL CREDITOR: 10 AT T					
	✓ No		· · · · · ·						
	Yes								
4.2	I.c. System, Inc Nonpriority Creditor's Name		Last 4 digits of acco		\$326.00				
	PO BOX 64378 Number Street		When was the debt	incurred? <u>3/2020</u>					
	Number Street		_	le, the claim is: Check all that apply.					
	SAINT PAUL Minnesota	55164	Contingent						
	City State	Zip Code	Unliquidated						
	Who incurred the debt? Check one. Debtor 1 only		Disputed	TVa aad alaim.					
	Debtor 2 only		Student loans	TY unsecured claim:					
	Debtor 1 and Debtor 2 only			g out of a separation agreement or					
	At least one of the debtors and anoth	ner		did not report as priority claims					
	Check if this claim relates to a co	mmunity debt	Debts to pension debts	or profit-sharing plans, and other similar					
	Is the claim subject to offset?	-	✓	001 Collection; Collecting for					
	✓ No		Other. Specify	ORIGINAL CREDITOR: ATT DIRECTV					
	Yes								
4.3	I.c. System, Inc Nonpriority Creditor's Name		Last 4 digits of acco	ount number1789	\$281.00				
	PO BOX 64378		When was the debt	incurred? <u>10/2018</u>					
	Number Street		As of the date you fi	le, the claim is: Check all that apply.					
	OAINIT DALII	55404	Contingent						
	SAINT PAUL Minnesota City State	55164 Zip Code	—— Unliquidated						
	Who incurred the debt? Check one. Debtor 1 only		Disputed						
	Debtor 1 only Debtor 2 only			TY unsecured claim:					
	Debtor 1 and Debtor 2 only		Student loans						
	At least one of the debtors and anoth	ner		g out of a separation agreement or did not report as priority claims					
	브		Debts to pension	or profit-sharing plans, and other similar					
	Check if this claim relates to a coll is the claim subject to offset?	mmumty debt	debts	001 Collection; Collecting for					
	No		Other. Specify	ORIGINAL CREDITOR: ATT U- VERSE					
	Yes		Outor. Opeony	VEHICLE					

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Mariner Finance \$1,859.00 Last 4 digits of account number 7218 Nonpriority Creditor's Name When was the debt incurred? 2/2020 8211 Town Center Drive Number Street As of the date you file, the claim is: Check all that apply. Contingent Nottingham Maryland 21236 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 030 InstallmentLoan Other. Specify _ Is the claim subject to offset? $\overline{\mathbf{A}}$ **✓** No

£ 4

Yes

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Debtor 1 Calvin Alexander Case number (if known)
First Name Middle Name Last Name

collection agenc	y is trying to colled y here. Similarly, if	t from you for a debt you have more than	t you owe to some one creditor for a	one else, list the ny of the debts th	ou already listed in Parts 1 or 2. For example, if a original creditor in Parts 1 or 2, then list the at you listed in Parts 1 or 2, list the additional or 2, do not fill out or submit this page.			
Department Of Ju	stice, Tax Division		On which ent	ry in Part 1 or Pa	rt 2 did you list the original creditor?			
			On which entry in Part 1 or Part 2 did you list the original creditor?					
75 Ted Turner Dri Number Street			Line 2.2	of <i>(Check</i> one):	Part 1: Creditors with Priority Unsecured Claims			
Number Street	•			onoj.	Part 2: Creditors with Nonpriority Unsecured Claims			
Atlanta	Georgia	30303	Last 4 digits	of account numbe	er			
City	State	Zip Code			<u> </u>			
nternal Revenue	Service - Atl			i Danid an Da	nt O did list the suivined susdition			
Name			On which ent	ry in Part 1 or Pa	rt 2 did you list the original creditor?			
401 W Peachtree	St. NW, Stop 334-D		Line 2.2	of (Check	Part 1: Creditors with Priority Unsecured Claims			
Number Street	:		_	one):	Part 2: Creditors with Nonpriority Unsecured Claims			
Atlanta	Georgia	30308	Last 4 digits	of account numbe	er .			
City	State	Zip Code			~ 			
Special Assistant I	J.S. Attorney							
Name			On which ent	ry in Part 1 or Pa	rt 2 did you list the original creditor?			
401 W. Peachtree	Street, NW, STOP 1	000-D, Suite 600	Line 2.2	of (Check	Part 1: Creditors with Priority Unsecured Claims			
Number Street	:		_	one):	Part 2: Creditors with Nonpriority Unsecured Claims			
Atlanta	Georgia	30308	Last 4 digits	of account numbe	er .			
City	State	Zip Code		or account manipe	··			
United States Atto	mey's Office							
Name			On which ent	ry in Part 1 or Pa	rt 2 did you list the original creditor?			
75 Spring Street,	S.W., Suite 600, U.S	. Courthouse	Line 2.2	of (Check	Part 1: Creditors with Priority Unsecured Claims			
Number Street			_	one):	Part 2: Creditors with Nonpriority Unsecured Claims			
Atlanta	Georgia	30303	Last 4 digits	of account numbe	or .			
City	State	Zip Code	Lust + digits	o. aboodiit iidiiibe	<u></u>			
Office Of Attorney	General							
Name			On which ent	ry in Part 1 or Pa	rt 2 did you list the original creditor?			
40 Capitol Sq Sw			Line 2.1	of (Check	Part 1: Creditors with Priority Unsecured Claims			
Number Street			<u> </u>	one):	Part 2: Creditors with Nonpriority Unsecured			
Atlanta	Georgia	30334						
City	State	Zip Code	Last 4 digits	of account number	er			

Official Form 106E/F

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name

6. Total the a	he Amounts for Each Type of Unsecured Claim amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim.	s for s	statistical reporting purposes only. 28 U.S.C. §159.
			Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00
TOTAL T	6b. Taxes and certain other debts you owe the government	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that	6d.	\$0.00
	amount here. 6e. Total. Add lines 6a through 6d.	6e.	\$0.00
			Total claims
			\$0.00
Total claims from Part 2	6f. Student loans	6f.	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$2,642.00
	6j. Total. Add lines 6f through 6i.	6j.	\$2,642.00

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First Name Middle Name Last Name Debtor 2	
Debtor 2	
DODIOI E	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Georgia	
(State)	
Case number (If known)	

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Official Form 106G

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Fill in this info	rmation to identify you	r case:		
Debtor 1	Calvin		Alexander	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the	e: Northern	_ District of Georgia (State)	-
Case number	-		(=)	
<u> </u>	Form 106H	<u> </u>		Check if this is ar amended filing
Schedul	e H: Your Co	debtors		12/15
No Yes 2. Within the Idaho, Lo No.	e last 8 years, have you uisiana, Nevada, New M Go to line 3. . Did your spouse, for No	Mexico, Puerto Rico, Texas, Wa	perty state or territory? (C shington, and Wisconsin.) ent live with you at the time	ommunity property states and territories include Arizona, California,
	Yes. In which commu	nity state or territory did you	live?	Fill in the name and current address of that person.
	Name of your spouse	e, former spouse, or legal equi	valent	_
	Number Street			_
	City	State	Zip Code	_
again as	a codebtor only if tha	t person is a guarantor or co	osigner. Make sure you ha	our spouse is filing with you. List the person shown in line 2 we listed the creditor on <i>Schedule D</i> (Official Form 106D), alle D, Schedule E/F, or <i>Schedule G</i> to fill out Column 2.
Column 1	1: Your codebtor			Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

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		D 000	Jamone	•	uge 42 c	71 12	
Fill in this in	nformation to identify	your case:					
Debtor 1	Calvin		Alexar	nder			
	First Name	Middle Name	Last N	lame		- Che	eck if this is:
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last N	lamo		- I п	An amended filing
						1 7	A supplement showing post-petition chapter
United States	s Bankruptcy Court for	Northern	_ District of G	ieorg State)			expenses as of the following date:
Case numbe	er					_	MM / DD / YYYY
(II KIIOWII)							MINI / DD / YYYY
Official	Form 106I						
Schedu	ıle I: Your In	come					12/
information spouse. If m number (if k	about your spouse.	If you are separated and I, attach a separate she y question.	d your spou	se is	not filing	with you, do	r spouse is living with you, include not include information about your ional pages, write your name and case
1. Fill in vo	our employment		Debtor 1	1			Debtor 2
informat		Employment status					
-	ve more than one job,	Employment status		✓ Employed Not Employed			Employed
	separate page with on about additional		INOT E	mpio	yea		Not Employed
employer	S.	Occupation	Associate	Emp	loyee		
	oart time, seasonal, or loyed work.	Employer's name	Flowers Baking Co. of Tucker, LLC			er, LLC	
Occupati	on may include student maker, if it applies.	Employer's address	5055 South Royal Atlanta Dr Number Street			r	Number Street
			Tucker City		Georgia State	30084 Zip Code	City State Zip Code
		How long employed there?	10 years		,		
Part 2: G	ive Details About N	Monthly Income					
spouse unle If you or you	ess you are separated.	e more than one employer,	-		mation for a	ll employers fo	write \$0 in the space. Include your non-filing or that person on the lines below. If you need
				_	For D	ebtor 1	non-filing spouse
		ary, and commissions (befor, calculate what the monthly		2.		\$5,341.66	\$0.00
3. Estima	ite and list monthly ove	rtime pay.		3.	_	+ \$0.00	+ \$0.00
4. Calcul	ate gross income. Add l	ine 2 + line 3.		4.		\$5,341.66	\$0.00

Official Form 106l Schedule I: Your Income page 1

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Debtor 1 Calvin First Name Middle Name	Alexander Last Name	Case numbe	er (if	
Thist Name Middle Name	Last Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$5,341.66	\$0.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,025.31	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$213.68	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$53.17	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: Healthcare	5h. +	\$295.49	\$0.00	
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + +5h$.	5f + 5g 6.	\$1,587.65	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from lin	ne 4. 7.	\$3,754.01	\$0.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, an	d			
the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, o dependent regularly receive				
Include alimony, spousal support, child support, maintenance divorce settlement, and property settlement.	e, 8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$450.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefi under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:	ts 8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify:	8h. +	\$0.00 +	\$0.00	
9. Add all other income Add lines $8a + 8b + 8c + 8d + 8e + 8f + 8g$	+ 8h. 9.	\$0.00	\$450.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing	10. spouse	\$3,754.01	\$450.00 =	\$4,204.01
11. State all other regular contributions to the expenses that year Include contributions from an unmarried partner, members of you friends or relatives. Do not include any amounts already included in lines 2-10 or amounts.	ır household, your d	dependents, your roomi	•	
Specify:			11.	+ \$0.00
12. Add the amount in the last column of line 10 to the amount	in line 11. The res	ult is the combined mor	nthly income. 12.	
Write that amount on the Summary of Schedules and Statistical S				\$4,204.01 Combined
13. Do you expect an increase or decrease within the year afte No. Yes. Explain:	r you file this form	?		monthly income

Official Form 106l Schedule I: Your Income page 2

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Fill in this infor	rmation to identify your	00001				
	mation to identify your	Case.				
Debtor 1	Calvin First Name	Middle Name	Alexander Last Name	0		
Debtor 2				Check if this is:		
(Spouse, if filing)	First Name	Middle Name	Last Name	An amended filin	9	
United States B	Bankruptcy Court for the:	: Northern [District of Georgia (State)		owing post-petition ne following date:	chapter 13
Case number (If known)	-			MM / DD / YYYY		
Official	Form 106J					
Schedul	e J: Your Exp	enses				12/15
information. If (if known). Ans	•	, attach another sheet to this	re filing together, both are equal form. On the top of any addition			ber
1. Is this a joi		ла				
—						
	o to line 2					
Yes. D	oes Debtor 2 live in a s	eparate household?				
	No					
	Yes. Debtor 2 must f	ile Official Forms 106J-2, Exper	nses for Separate Household of Deb	tor 2.		
2. Do you hav	re dependents?	No				
Do not list I Debtor 2.		res. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent with you?	live
expenses of	penses include of people other	No				
than yourself an dependent	u youi	⁄es				
	mate Your Ongoing	Monthly Expenses				
_	of a date after the bank		ou are using this form as a suppliplemental Schedule J, check the	-	•	;
		cash government assistance it on Schedule I: Your Income			Your e	expenses
	I or home ownership ex or the ground or lot. 4.	xpenses for your residence. In	nclude first mortgage payments and		4.	\$1,350.00
If not inc	luded in line 4:					
4a. Real e	state taxes				4a	\$0.00
4b. Prope	rty, homeowner's, or ren	iter's insurance			4b	\$0.00
4c. Home	maintenance, repair, and	d upkeep expenses			4c.	\$150.00
4d. Home	eowner's association or c	ondominium dues			4d.	\$0.00

Official Form 106J Schedule J: Your Expenses page 1

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Debtor 1 First Name Middle Name Alexander Case number (if known)

Last Name Case number (if known)

First Name Middle Name Last Name		
		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$400.00
6b. Water, sewer, garbage collection	6b.	\$100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$220.00
6d. Other. Specify:	6d	\$0.00
7. Food and housekeeping supplies	7.	\$715.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$60.00
10. Personal care products and services	10.	\$60.00
11. Medical and dental expenses	11.	\$60.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 	12.	\$300.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$200.00
15d. Other insurance. Specify:	15d	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16	\$0.00
17. Installment or lease payments:	10	
17a. Car payments for Vehicle 1	17a	\$589.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
19.Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes.	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses.	20d	\$0.00
20e. Homeowner's association or condominium dues	20e	\$0.00

Official Form 106J Schedule J: Your Expenses page 2

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Debtor 1 Calvin			Alexander	Case number (if known)		
First N	ame	Middle Name	Last Name			
21.Other. Spec	ify:				21	\$0.00
22. Calculate	our monthly expens	ies.				*****
-	es 4 through 21.					\$4,204.00
	ū	uses for Debtor 2) if any	from Official Form 106J-2			\$0.00
	, , ,	esult is your monthly exp			00	\$4,204.00
			511363.		22.	
-	our monthly net inco					
23a. Copy II	ne 12 (your combined	I monthly income) from S	schedule I.		23a	\$4,204.01
23b. Copy y	our monthly expense	s from line 22 above.			23b	\$4,204.00
		ses from your monthly in	icome.			\$0.01
The res	sult is your monthly n	et income.			23c	<u> </u>
For exampl	e, do you expect to fir	nish paying for your car lo	es within the year after your within the year or do you no diffication to the terms of	ou expect your		

Official Form 106J Schedule J: Your Expenses

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Calvin		Alexander
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for the:	Northern	District of Georgia
			(State)
Case number (If known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors information below.	Who Have Claims Secured by Property (Official For	n 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name: Rushmore Lms Description of property securing debt: 438 Young James Cir, Stockbridge, GA 30281 Value: \$302,326.00	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. ✓ Yes.
	Creditor's name: Global Lending Service Description of property securing debt: 2015 Dodge Ram	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	No. ✓ Yes.
	Creditor's name: Troy Capital LLC Description of property securing debt: Secured by All real and personal property	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. ✓ Yes.
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. Yes.

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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2:	List Your Unexpired	d Personal Property Lea	ises	
ny i mat	unexpired personal pr	operty lease that you listed	in Schedule G: Executory ed leases are leases that	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Des	cribe your unexpired p	personal property leases		Will the lease be assumed?
Less	sor's name:			□ No □ Yes
	cription of leased perty:			
Less	sor's name:			□ No □ Yes
	cription of leased perty:			_
Less	sor's name:			□ No □ Yes
	cription of leased perty:			_
Less	sor's name:			□ No □ Yes
	cription of leased perty:			L
Less	sor's name:			□ No □ Yes
	cription of leased perty:			
Less	sor's name:			□ No □ Yes
	cription of leased perty:			
Less	sor's name:			□ No □ Yes
	cription of leased			ப
3:	Sign Below			
	r penalty of perjury, I o erty that is subject to a		d my intention about any	property of my estate that secures a debt and any personal
3	C.L. OZ		×	
Siç	gnature of Debtor 1		Sig	nature of Debtor 2
Da	ate 08/25/2020		Dat	e
Da	MM/DD/YYYY		Dat	MM/DD/YYYY

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In re	Calvin Alexander		Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
I	DISCLOSURE OF C	OMPENSATION	OF ATTORNEY F	OR DEBTOR
comp	uant to 11 U.S.C. § 329(a) and Fed pensation paid to me within one ye ered or to be rendered on behalf of	ear before the filing of the pet	tition in bankruptcy, or agreed to	be paid to me, for services
For le	egal services, I have agreed to acce	ept		\$1,465.00
(Cos	ts include: \$1075.00 attorney fee, \$335.	00 filing fee, \$20.00 copy fee, \$1	0.00 postage fee, \$25.00 credit couns	seling fee)
Prior	to the filing of this statement I have	ve received		\$0.00
Balar	nce Due			\$1,465.00
2. The s	source of the compensation paid to	o me was:		
	Debtor	Other (specify)		
3. The s	source of the compensation paid to	o me is:		
	Debtor	Other (specify)		
	have not agreed to share the above members and associates of my law		vith any other person unless the	y are
Шr	have agreed to share the above-di members or associates of my law fi the people sharing in the compens	irm. A copy of the agreement		
5. In ret	urn for the above-disclosed fee, I h	nave agreed to render legal s	ervice for all aspects of the bank	ruptcy case, including:
i	 a. Analysis of the debtor's financial bankruptcy; 	al situation, and rendering ac	dvice to the debtor in determining	g whether to file a petition in
ŀ	o. Preparation and filing of any pe	tition, schedules, statements	s of affairs and plan which may b	e required;
	c. Representation of the debtor at	the meeting of creditors and	I confirmation hearing, and any a	djourned hearings thereof;
·	d. The balance due will be provide	d for by post-dated check or	ACH payments pursuant to a po	st-petition contract.
6. By aç	greement with the debtor(s), the ab	ove-disclosed fee does not i	nclude the following services:	
App Mot Mot Mot Stay Rep Rep	tion to Sell Property - \$500.00 lication to Employ Professional/I tion to Incur Debt/Refinance - \$3 tion to Reimpose Stay - \$300.00 tion to Vacate Dismissal/Reopen tion to Retain Tax Refund - \$300.00 y Violations- \$300/per hour presenting Client in Adversary Propresenting Client in 2004 Examination to Extend Time for Reaffirms	Case - \$300.00 plus cost 00 oceeding - \$300.00/hr ation - \$300.00/hr	mise - \$300.00	

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B2030 (Form 2030) (12/15)

	CERTIFICATION			
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.				
08/24/2020	ES T			
Date	Signature of Attorney			
	Semrad Law Firm			
	Name of law firm			

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Calvin		Alexander
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Georgia (State)
Case number (If known)			(State)

Check if this is ar
 amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$151,163.00
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	\$89,715.00 ———————————————————————————————————
1c. Copy line 63, Total of all property on Schedule A/B	\$240,878.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$397,984.69
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$2,642.00
Your total liabilities	\$400,626.69
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$4,204.01
Copy your combined monthly income from line 12 of Schedule I	· <i>,</i>
5. Schedule J: Your Expenses (Official Form 106J)	\$4,204.00
Copy your monthly expenses from line 22, Column A, of Schedule J	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1

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Deb	tor 1 Calvin		Alexander	Case number (if known)		
	First Name	Middle Name	Last Name			
Part	4: Answer These Qu	estions for Administrati	ive and Statistical Reco	rds		
6. A	re you filing for bankrupto	cy under Chapters 7, 11, or	r 13?			
Г	No. You have nothing to	report on this part of the for	rm. Check this box and subm	it this form to the court with yo	our other sched	ules.
I.	Yes.			•		
	<u>Z</u>					
7. W	hat kind of debt do you h	ave?				
Ŀ				by an individual primarily for a p	personal,	
			ill out lines 8-10 for statistical			
L	Your debts are not pri this form to the court wi		u have nothing to report on the	his part of the form. Check this	box and subm	it
		ur Current Monthly Income Form 122B Line 11; OR, Fo	e: Copy your total current mor orm 122C-1 Line 14.	nthly income from Official		\$5,472.69
					<u>L</u>	
9.	Copy the following speci	al categories of claims fro	m Part 4, line 6 of Schedule	: E/F:		
	From Part 4 on Schedule	E/F, copy the following:		Total claim	n	
				00.00		
	9a. Domestic support oblig	gations (Copy line 6a.)		\$0.00		
	9b. Taxes and certain other	r debts you owe the governn	nent. (Copy line 6b.)	\$0.00		
	9c. Claims for death or per	sonal injury while you were ir	ntoxicated. (Copy line 6c.)	\$0.00		
	Od Student leans (Conv.)	ing 6f)	, , , ,	\$0.00		
	9d. Student loans. (Copy I	ine 01.)		\$0.00		
	9e. Obligations arising out priority claims. (Copy line 6		r divorce that you did not repo	ort as		
		O ,		\$0.00		
	9f. Debts to pension or pro	ofit-sharing plans, and other	similar debts. (Copy line 6h.)	<u> </u>		
	9g. Total. Add lines 9a thr	ough 9f.		\$0.00		

e

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Fill in this information to identify your case:				
Debtor 1	Calvin		Alexander	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	Northern	District of Georgia (State)	
Case number (If known)			(Otato)	-

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pa	rt 1: Sign Below	
	Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
	✓ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have that they are true and correct.	read the summary and schedules filed with this declaration and
×	Ch Re	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 08/25/2020	Date
	MM/DD/YYYY	MM/DD/YYYY

Official Form 106Dec

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In re:	Alexander, Calvin	Case No	
	Debtor(s)	Oase No.	
		Chapter.	Chapter7
	VERIF	ICATION OF CREDITOR MAT	RIX
knowled		rify that the attached list of creditors is tr	ue and correct to the best of their
Date:	08/25/2020	CL R2-	
		Alexander, Calvii Signature of Dei	
		Signature of Del	UIUI

Department Of Justice, Tax Division 75 Ted Turner Drive Sw Civil Trial Section, Southern Atlanta, GA, 30303

Internal Revenue Service - Atl 401 West Peachtree St NW Room 1665 ATTN: Ella Johnson, M/S 334-D Atlanta, GA, 30308

Special Assistant U.S. Attorney 401 W. Peachtree Street, NW, STOP 1000-D, Suite 600 Atlanta, GA, 30308

United States Attorney's Office 75 Ted Turner Dr Sw Ste 600 Atlanta, GA, 30303

Office Of Attorney General 40 Capitol Sq Sw Atlanta, GA, 30334

Mariner Finance 8211 Town Center Drive Nottingham, MD, 21236

I.c. System, Inc P.O. Box 64378 Saint Paul, MN, 55164

ERC PO Box 57547 Jacksonville, FL, 32241

Lahey, Karen 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

State Court Of Henry County 44 John Frank Ward Blvd Mcdonough, GA, 30253

Internal Revenue Service PO Box 7346 Philadelphia, PA, 19101 Georgia Department Of Revenue 1800 Century Boulevard c/o T Truong Atlanta, GA, 30345

Rushmore Lms Pob 52708 Irvine, CA, 92619

Global Lending Service 1200 Brookfield Blvd Ste Greenville, SC, 29607

Troy Capital LLC 2660 S. Rainbow Blvd. Suite D-104 Las Vegas, NV, 89146

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

Document Ref: P59UV-2GDN8-QXPRU-V8PTX

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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Fill in this infor	mation to identify your c	360.							
FIII III UIIS II IIOI	mation to identity your c	ase.						only as directed in th	is form and in
Debtor 1	Calvin			Alexander			Form 122A-1Su	op:	
Debtor 2	First Name	Middle Name	9	Last Name			1. There is no	presumption of abus	e.
(Spouse, if filing) United States E	First Name Bankruptcy Court for the:	Middle Name		Last Name	ia		abuse applies	ation to determine if a partion to determine if a partion will be made under <i>Calculation</i> (Official For	hapter 7
Case number				(State)			3. The Means	s Test does not apply i	now because of
(If known)							qualified milit	ary service but it could	apply later.
							Check if this	is an amended filing	
Official	Form 122A-	<u>1</u>							
Chapter	7 Statement of	of Your Curr	ent Mo	onthly l	ncor	ne			04/20
needed, attach write your nam consumer debt (Official Form	e and accurate as possing a separate sheet to the second case number (if kes or because of qualifying 122A-1Supp) with this foculate Your Current I	is form. Include the I known). If you believe ng military service, c orm.	ine number that you a	r to which th re exempted	ne additi d from a	onal inform presumption	nation applies. O on of abuse beca	n the top of any addi use you do not have	tional pages, primarily
1.What is yo	ur marital and filing stat	tus? Check one only.							
Not ma	arried. Fill out Column A,	lines 2-11.							
Marrie	d and your spouse is fili	ng with you. Fill out b	oth Column	s A and B, li	nes 2-11	•			
✓ Marrie	d and your spouse is NC	OT filing with you. You	and your s	spouse are:					
✓ Liv	ring in the same househ	old and are not legal	lly separate	ed. Fill out bo	th Colun	nns A and E	3, lines 2-11.		
☐ un	ring separately or are led der penalty of perjury that ouse are living apart for re	you and your spouse	are legally s	separated und	der nonba	ankruptcy la	w that applies or t	hat you and your	9
bankru August Fill in th	he average monthly incoptcy case. 11 U.S.C. § 1 31. If the amount of your e result. Do not include ar from that property in one	01(10A). For example, monthly income varied by income amount mo	if you are fild during the transfer if the transfer if you are fill the transfer if you are the transfer if you are fill the tra	ling on Septe 6 months, a e. For examp	mber 15, add the in le, if both	the 6-mon come for al spouses o	th period would b I 6 months and di wn the same rent	e March 1 through vide the total by 6.	
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	s wages, salary, tips, bo	nuses, overtime, and	l commissio	ons		\$5,472.6	9	\$0.00	
3. Alimony a Column B	nd maintenance payme s filled in.	nts. Do not include pa	yments fron	n a spouse if		\$0.00		\$0.00	
expenses of Include reg household contribution	ts from any source which fyou or your dependen ular contributions from an your dependents, parents as from a spouse only if Comments you listed on line 3	ts, including child su unmarried partner, mo s, and roommates. Incl Column B is not filled in	ipport. embers of yeluder			\$ <u>0.00</u>		\$0.00	
5. Net incom or farm	e from operating a busi	ness, profession,	Debtor 1	Debtor 2					
Gross recei	pts (before all deductions))	\$0.00	\$0.00					
_	d necessary operating exp	•	-\$0.00	-\$0.00	conv				
Net monthl	y income from a business	s, profession, or farm	\$0.00	\$0.00	copy here→	\$0.00		\$0.00	
6.Net incom	e from rental and other	real property	Debtor 1	Debtor 2					
Gross recei	pts (before all deductions))	\$0.00	\$0.00					
_	d necessary operating exp	•	-\$0.00	-\$0.00	conv				
Net monthl	y income from rental or of	ther real property	\$0.00	\$0.00	copy here→	\$0.00		\$0.00	
7. Interest, c	lividends, and royalties					\$0.00		\$0.00	

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Debtor 1 Calvin	Alexander	Case number	(if known)			
First Name Middle Name	Last Name					
		Column A Debtor 1		Column B Debtor 2 or non-filing spouse		
8. Unemployment compensation Do not enter the amount if you contend that the amou under the Social Security Act. Instead, list it here:		\$0.00		\$0.00		
For you	\$0.00					
For your spouse	\$450.00					
9. Pension or retirement income. Do not include any a benefit under the Social Security Act. Also, except as st do not include any compensation, pension, pay, annu the United States Government in connection with a dis injury or disability, or death of a member of the uniform any retired pay paid under chapter 61 of title 10, then is extent that it does not exceed the amount of retired pay otherwise be entitled if retired under any provision of title of that title.	ated in the next sentence, ity, or allowance paid by ability, combat-related ned services. If you received nclude that pay only to the y to which you would	\$0.00		\$0.00		
10.Income from all other sources not listed above. Spamount. Do not include any benefits received under the payments made under the Federal law relating to the not the President under the National Emergencies Act (5 with respect to the coronavirus disease 2019 (COVID-victim of a war crime, a crime against humanity, or inteterrorism; or compensation, pension, pay, annuity, or a United States Government in connection with a disabilidisability, or death of a member of the uniformed services on a separate page and put the total below.	e Social Security Act; ational emergency declared 10 U.S.C. 1601 et seq.) 19); payments received as a mational or domestic allowance paid by the ity, combat-related injury or					
Total are a costa forces and costa a costa if and		+\$0.00		+\$0.00		
Total amounts from separate pages, if any.			1	1,44144	٦ .	
11. Calculate your total current monthly income. Adeeach	G	\$5,472.69	+	\$0.00	=	\$5,472.69
column. Then add the total for Column A to the total	I for Column B.				J	Tatal assessed
						Total current monthly income
Part 2: Determine Whether the Means Test Ap	plies to You					,
12. Calculate your current monthly income for the year						
12a. Copy your total current monthly income from line	·	(Conv line	e 11 here →		ΦE 470.00
,			оору што	o i i iloio -	L	\$5,472.69
Multiply by 12 (the number of months in a year).					_	X 12
12b. The result is your annual income for this part of the	ne form.			12b.		\$65,672.28
13 Calculate the median family income that applies t	o vou. Follow those stops:					
To Calculate the median laminy income that applies t						
Fill in the state in which you live.	Georgia					
Fill in the number of people in your household.	2					
Fill in the median family income for your state and size	of household.			13	. 🗀	\$65,007.00
To find a list of applicable median income amounts, go instructions for this form. This list may also be available		the separate				
14. How do the lines compare?						
14a. Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official Fo		There is no presumption	on of ab	use.		
14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	page 1, check box 2, The presur	mption of abuse is de	terminec	l by Form 122A-2.		

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	Calvin			Case number (if known)
F	First Name	Middle Name	Last Name	
3	Sign Below			
v sic	aning here. I declare und	der penalty of periury that the	e information on this statem	ant and in any attachments is true and correct
				ent and in any attachments is true and correct.
, .	grilling from, i decidie dire	zo. pontary or poljary and ar	o information on the otator	ent and in any attachments is true and correct.
,	grilling ficio, i decidie dire	ion pondity of porjury and an	o information on the statisti	and in any attachments is true and correct.
K	ar as	zo. portat, o. porjet, attaca.	×	and in any attachments is true and correct.
к			×_	nature of Debtor 2
★ Sig	Ch alm		×_	nature of Debtor 2

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Calvin		Alexander
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for the:	Northern	District of Georgia
			(State)
Case number (If known)			

Check the appropriate I in lines 40 or 42:	oox as directed
According to the calculatio this Statement:	ns required by
1. There is no presum	ption of abuse.
2. There is a presump	tion of abuse.
Check if this is an amer	nded filing

Official Form 122A-2

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

. Copy your total current monthly ncome.	Copy line 11 from Official	Form 122A-1 here	→	\$5,472.69
. Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3.				
Yes. Is your spouse filing with you?				
No. Go to line 3.				
Yes. Fill in \$0 for the total on line 3.				
Adjust your current monthly income by subtracting any part of you or your dependents. Follow these steps:	our spouse's income not used	to pay for the hous	sehold exper	ises
On line 11, Column B of Form 122A-1, was any amount of the incom	ne vou reported for vour spouse i	NOT		
regularly used for the household expenses of you or your dependents'				
regularly used for the household expenses of you or your dependents. No. Fill in 0 for the total on line 3.				
No. Fill in 0 for the total on line 3.				
No. Fill in 0 for the total on line 3. Yes. Fill in the information below:	? Fill in the ar	nount you ting from		
No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or	? Fill in the ar are subtrac	nount you ting from	total	→ - \$0.00

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Debtor				Alexander	Cas	se number <i>(if know</i>	/n)	
David Or	First Name	to Vour Doductio	Middle Name	Last Name				
Part 2:	Calculat	le Your Deduction	ons from Your Incom	<u>e</u>				
ans	swer the qu	uestions in lines 6-	RS) issues National and 15. To find the IRS stand also be available at the	dards, go online us	ing the link spe			
act	ual expense	s if they are higher t	out in lines 6-15 regardless nan the standards. Do no expenses that you subtrac	t deduct any amoun	ts that you subt	racted from your	u will use some of your spouse's income in line 3	
If y	our expense	es differ from month	to month, enter the avera	age expense.				
Wh	enever this	part of the form refe	rs to you, it means both y	ou and your spouse	e if Column B of	Form 122A-1 is	filled in.	
5.	The numb	ber of people used	in determining your dec	ductions from inco	me			\neg
	plus the n		ho could be claimed as exonal dependents whom y household.				2	
Na	tional Stan	dards You	ı must use the IRS Nation	al Standards to answ	wer the question	s in lines 6-7.		
6.			ems: Using the number of clothing, and other items		d in line 5 and th	e IRS National St	andards, fill	\$1,298.00
7.	fill in the d under 65	dollar amount for ou and people who are	allowance: Using the nur t-of-pocket health care. Th 65 or older-because olde an this IRS amount, you n	ne number of people r people have a high	e is split into two er IRS allowance	categories-peop for health care o	le who are	
	People w	ho are under 65 ye	ears of age					
	7a. Out-	-of-pocket health ca	re allowance per person	\$56.00				
	7b. Num	nber of people who	are under 65	2				
	7c. Subt	total. Multiply line 7a	a by line 7b.	\$112.00	Copy here→	\$112.00		
	People w	ho are 65 years of	age or older					
	7d. Out-	of-pocket health car	e allowance per person	\$125.00				
	7e. Num	ber of people who	are 65 or older	0				
	7f. Subt	t otal. Multiply line 7	d by line 7e.	\$0.00	Copy here→	+\$0.00	_	
	7g. Total	I. Add lines 7c and 7	'f			\$112.00	Copy total here →	\$112.00

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Debtor 1	Calvin First Name	Middle Name	Alexander Last Name	Ca	se number (if known)		
Loc	cal Standards	You must use the IRS Loca	l Standards to answe	r the questions	in lines 8-15.		
bai • • To	nkruptcy purposes in Housing and utilities Housing and utilities answer the question find the chart, go onlin	rom the IRS, the U.S. Trustee P to two parts: - Insurance and operating exp - Mortgage or rent expenses is in lines 8-9, use the U.S. Trust ne using the link specified in the s railable at the bankruptcy clerk's o	penses stee Program chart. separate instructions f		Standard for housi	ng for	
8.	_	es - Insurance and operating ex ur county for insurance and opera			e you entered in line		\$593.00
9.	9a. Using the number	es - Mortgage or rent expenses er of people you entered in line 5, for mortgage or rent expenses.		nt listed		\$1,100.00	
		onthly payment for all mortgages	and other debts secu	red by your hon	 1e.		
		average monthly payment, add a each secured creditor in the 60 m vide by 60.		r			
	Name of the credito	or	Average monthly payment				
	Rushmore Lms		\$1,350.00				
	9c. Net mortgage or r		± \$1,350.00	Copy here-→	-\$1,350.00	Repeat this amount on line 33a.	¢0.00
	,	otal average monthly payment) from the contract of the contrac	, ,	or	\$0.00	here→	\$0.00
10.		he U.S. Trustee Program's divisor monthly expenses, fill in any			housing is incorred	et and affects the	\$0.00
11.	0. Go to line 1. 1. Go to line 1. 2 or more. Go	2. to line 12.					
12.	•	expense: Using the IRS Local St Operating Costs that apply for yo			•	trie operating	\$462.00

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tor 1	Calvin First Name	Middle Name	Alexander	Cas	se number (if known)		
13.	Vehicle own	nership or lease expense: Using the v. You may not claim the expense if y expense for more than two vehicles.	ou do not make any ĺoan			•	
	Vehicle 1	Describe Vehicle 1:					
	13a. Owners	ship or leasing costs using IRS Local	Standard.			\$521.00	
		e monthly payment for all debts secur include costs for leased vehicles.	ed by Vehicle 1.				
	amount	ulate the average monthly payment he is that are contractually due to each s u filed for bankruptcy. Then divide by	ecured creditor in the 60 i				
	Name of each	creditor for Vehicle 1	Average monthly payment				
	Global Lending	g Service	\$589.00				
		Total average monthly payment	\$589.00	Copy here→	- \$589.00	Repeat this amount on line 33b.	
		e 1 ownership or lease expense ne 13b from line 13a. If this amount	is less than \$0, enter \$0.		\$0.00	Copy net Vehicle 1 expense here →	\$0.00
14.		sportation expense: If you claimed Con expense allowance regardless of w	,	,	Standards, fill in the	e Public	
15.	a public trans	public transportation expense: If yo sportation expense, you may fill in whandard for Public Transportation.					\$0.00

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes:The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-\$1,080.02 employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union \$0.00 dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on \$53.17 your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or \$0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. \$183.49 Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the +\$0.00extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$3,781.68 Add lines 6 through 23.

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Middle Name Last Name Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your Health insurance Disability insurance. \$0.00 Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § \$294(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8 than in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary and not already accounted for in lines 6-23. *Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual contining the link specified in the separate instructions for this form. This chart may also be available at the bankuptyty clerk's office. You	
Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance □ Disability insurance □ Disability insurance □ S0.00 □ Health savings account □ Total □ No. How much do you actually spend? □ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue pay for the reasonable and necessary care and support of an elderly, chronically iil, or disabled member of your inmediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8. If you believe that you have home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or	
Health insurance \$0.00 Disability insurance \$0.00 Disability insurance \$0.00 Health savings account \$0.00 Health savings account \$0.00 Total \$0.00 Total \$0.00 Do you actually spend this total amount? No. How much do you actually spend? ✓ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue part of the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83° per child) that you pay for your dependent children who are younger than 19. The monthly expenses (not more than \$170.83° per child) that you pay for your dependent children who are younger than 19. The monthly expenses (not more than \$170.83° per child) that you pay for your dependent children who are younger than 19. The monthly expenses (not more than \$170.83° per child) that you pay for your dependent children who are younger than 19. The monthly expenses are higher than the combined food and clothing allowances in the IRS Natio	
Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue pay for the reasonable and necessary care and support of an elderly, chronically lil, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expenses. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount	
Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue pay for the reasonable and necessary care and support of an elderly, chronically Ill, or disabled member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fi in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expenses. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That am	
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31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial	
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	+\$0.00
32. Add all of the additional expense deductions.	
Add lines 25 through 31.	\$0.00

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Debtor 1 Calvin Alexander Case number (if known) First Name Middle Name Last Name **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. The monthly expenses for health insurance, disability To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Mortgages on your home: payment 33a. Copy line 9b here \$1,350.00 Loans on your first two vehicles: \$589.00 33b. Copy line 13b here. \$0.00 33c. Copy line 13e here. 33d. List other secured debts: Name of each creditor for other Identify property that Does payment secured debt secures the debt include taxes or insurance? Copy total \$1,939.00 \$1,939.00 33e. Total average monthly payment. Add lines 33a through 33d. here→ Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor **Identify property Total cure** Monthly cure that amount amount secures the debt \$1,478.00 $\div 60 =$ Rushmore Lms 438 Young James Cir, +\$24.63 Stockbridge, GA 30281 2015 Dodge Ram \$0.00 $\div 60 =$ +\$0.00 Global Lending Service Total \$24.63 Copy total \$24.63 here→ 35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$0.00 $\div 60 =$ \$0.00

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Debtor					exander	Case numb	oer <i>(if</i>	fknown)		
	First N	lame	Middle Name	La	st Name					
36	For	more information, go	case under Chapter 13? online using the link for Bar le at the bankruptcy clerk's	krupto	cy Basics specified in the s	separate insti	ructio	ons for this form.	Bankruptcy	
	П	No. Go to line 37.								
	Yes. Fill in the following information.									
		Projected monthly plan payment if you were filing under Chapter 13 \$0.01								
		of the United States	r your district as stated on t Courts (for districts in Alab United States Trustees (for	ama aı	nd North Carolina) or by th		X0.0	0673		
			ict multipliers that includes arate instructions for this for ffice.	-						
		Average monthly ad	ministrative expense if you	were f	iling under Chapter 13		\$0.0	00	Copy total here→	\$0.00
37.	Add	all of the deductions	for debt payment.							
	Add	lines 33e through 36.								\$1,963.63
Т	otal De	eductions from Incom	e							
38	. Add	all of the allowed de	ductions.							
		y line 24, All of the expense allowances	enses allowed under IRS		\$3,781.68					
	Сор	y line 32, All of the add	itional expense deductions		\$0.00					
	Сор	y line 37, All of the ded	uctions for debt payment		\$1,963.63	٦				
			Total ded	uctions	\$5,745.31	Copy tota	al he	re		\$5,745.31
Part 3:	Dete	ermine Whether Th	ere Is a Presumption	of Ab	use	_				
39	. Calc	culate monthly dispos	sable income for 60 mont	hs						
	39a.	Copy line 4, adjusted	current monthly income		\$5,472.69					
	39b.	Copy line 38, Total d	eductions		\$5,745.31					
	39c.	Monthly disposable i Subtract line 39b from	ncome. 11 U.S.C. § 707(b) n line 39a.	(2).	(\$272.62)	Copy here	ə→	(\$272.62)		
		For the next 60 mon	ths (5 years)			_		x 60		
	39d.	Total. Multiply line 3	9c by 60					(\$16,357.40)	Copy here→	(\$16,357.40)
40	. Find	l out whether there is	a presumption of abuse.	Checl	k the box that applies:					
	V		h an \$8,175*. On the top o		• •	1, There is	по р	resumption of ab	ouse. Go to Part	5.
	Ħ	The line 39d is more	than \$13,650*. On the top special circumstances. The	of pa	ge 1 of this form, check b		-	-		
		•	st \$8,175*, but not more	Ü						
	_	* Subject to adjustm	nent on 4/01/22, and ever	у 3 уе	ears after that for cases	filed on or a	after	the date of adj	ustment.	

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Debtor 1	Calvin		Alexander	Case number (if known)		
	First Nam	e Middle Name	Last Name			
41.	41a.	Fill in the amount of your total nonprio Your Assets and Liabilities and Certain Sta you may refer to line 3b on that form	-			
				x .25		
	41b.	25% of your total nonpriority unsecure Multiply line 41a by 0.25	d debt. 11 U.S.C. § 707(b)	(2)(A)(i)(I). Copy here →		
42.	Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies:					
	Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.					
		Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.				
Part 4:	Give D	etails About Special Circumstance	es			
-		any special circumstances that justify a lternative? 11 U.S.C. § 707(b)(2)(B).	dditional expenses or adju	ustments of current monthly income for which there is no		
✓ !	No. Go to	Part 5.				
	Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.					
	adjus	You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.				
	Give	a detailed explanation of the special ci	rcumstances	Average monthly expense or income adjustment		
Part 5:	Sign B	elow				
	By si	gning here, I declare under penalty of perjur	y that the information on thi	is statement and in any attachments is true and correct.		
			•	,		
	×	Signature of Debtor 1	X	ignature of Debtor 2		
		Date 08/25/2020	·	eate		
		MM/DD/YYYY		MM/DD/YYYY		